



THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY ENGINEERING DIVISION

One Ashburton Place - Room 1301
Boston, Ma. 02108-1618

Application for Certificate of Competency as Inspector of Pressure Vessels

I, the undersigned, representing the _____
(Name of Company)
hereby request that _____, who is now employed by the above-
(Name of Applicant)
named Company, be examined for a Certificate as an inspector of Pressure Vessels.

(Signature) (Date) (Authority)

I hereby make application for a Certificate of Competency as an Inspector of Pressure Vessels that the following statements are correct:

(Full Name) (Date of Birth) (Height)

(Home Address) (Birth Place)

(City, State, Zip Code) (Telephone No.) (SS No.)

My business address with the above-name Company will be at:

(Street-City-State-Zip Code)

BOILER CONSTRUCTION EXPERIENCE		
Employers Name	Period of Employment	Employed as

BOILER INSTALLATION EXPERIENCE		
Employers Name	Period of Employment	Employed as

BOILER OPERATING EXPERIENCE		
Employers Name	Period of Employment	Employed as

BOILER INSPECTION EXPERIENCE		
Employers Name	Period of Employment	Employed as

Date of last examination for Massachusetts Certificate: _____

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY.

(Signature of Applicant)

(OVER)

PRINT LAST NAME

SOCIAL SECURITY NO.

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

SEND THIS APPLICATION ALONG WITH A FEE OF \$50.00 (BANK CK OR MONEY ORDER) ALONG WITH A COPY OF YOUR NATIONAL BOARD COMMISSION TO:

**DEPARTMENT OF PUBLIC SAFETY
1 ASHBURTON PL - RM 1301
BOSTON, MA. 02108-1618
ATTN: CASHIERS OFFICE**

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DPS INSPECTORS USE ONLY!!!!

DATE OF EXAMINATION: _____

RESULTS OF EXAMINATION: _____ PASSED _____ FAILED

CERTIFICATE NO. _____

EXAMINING DPS INSPECTORS:

